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eub le <i>e</i> r		FATLIY CONSULTING LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		VIVIAN WILLIAMS			
			Name of Person		
		FLORIDA ANNUAL REF	PORT SERVICES INC	2.028 JUN	
Firm/Company			Firm/Company		••
		2300 CORAL WAY		29 PH	٠.
			Address		
		MIAMI, FLORIDA 33145		بن بن ن	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		VIVIAN@CANTERATAX	COM		
		E-mail address: (to be used for future annual report notification	on)	
For further	information c	oncerning this matter, please c	all:		
VIVIAN W	/ILLIAMS		305 856-0056		
	Name o	f Person	at () Area Code Daytime Tele	ephone Number	
Enclosed is	a check for th	ne following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
R	ailing Addres egistration S ivision of C	Section	Street Address: Registration Section Division of Corpora		
	O. Box 632	•	The Centre of Talla		
Та	allahassee, I	FL 32314	2415 N. Monroe Str	reet, Suite 810	

Tallahassee, FL 32303

TO:

TO ARTICLES OF ORGANIZATION OF

EA HOSPITATILY CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were	filed on JUNE 16, 2020 and a
Florida document number L20000166617	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
EA HOSPITALITY CONSULTING LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	, , ,
E 4 11 12 15 11 11	. 29
Enter new mailing address, if applicable:	70
(Mailing address MAY BE A POST OFFICE BOX)	. 72
<u> </u>	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, <u>enter the name of the r</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Cou

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to corprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liak company has been notified in writing of this change.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type
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